

Southwest Michigan Breast & Cervical Cancer Control Navigation & Wrap Around Programs

BCCCNP REFERRAL & AUTHORIZATION FORM

Enrolled CLIENT NAME: _____ DATE OF BIRTH: _____

Enrollment/Screening SITE: _____ Enrollment DATE: _____

THE ABOVE NAMED CLIENT IS BEING REFERRED TO: _____
(Name of BCCCNP Contracted Referral Site)

FOR / BREAST DIAGNOSIS: _____

TESTS ORDERED	DATE Scheduled	COMMENT/Program	BCCCNP AUTHORIZATION
____ SCREENING MAMMOGRAM	_____	_____	Payable annually
____ DIAGNOSTIC MAMMOGRAM (Includes additional views)	_____	_____	1 in 12 months as follow-up
____ BREAST ULTRASOUND	_____	_____	1 in 12 months as follow-up
____ BREAST CONSULT	_____	_____	1 in 12 months as follow-up
____ BREAST BIOPSY	_____	_____	Payable if medically indicated
____ OTHER: _____	_____	_____	

Authorization Questions Call
BCCCNP Local Coordinating Agency (LCA)
Phone: 269-373-5383

THE ABOVE NAMED CLIENT IS BEING REFERRED TO: _____
(Name of BCCCNP Contracted Referral Site)

FOR / CERVICAL DIAGNOSIS: _____

TESTS ORDERED	DATE	COMMENT	BCCCNP AUTHORIZATION
____ CERVICAL CONSULT	_____	_____	1 in 12 months as follow-up
____ CERVICAL BIOPSY	_____	_____	Payable if medically indicated
____ OTHER: _____	_____	_____	

Authorization Questions Call
BCCCNP Local Coordinating Agency (LCA)
Phone: 269-373-5383

TO ENSURE BCCCNP PAYMENT:

Provider must **FAX / SEND RESULTS TO:**

BCCCNP LCA at 269-373-5362 **and** REFERRING PROVIDER: _____

AGENCY NAME: _____

ADDRESS: _____

TELEPHONE / FAX NUMBERS: _____ / _____

REQUESTING SIGNATURE: _____

Date

Billers use:

State of Michigan BCCCNP Claims submission Information at: www.michigancancer.org/BCCCP	
Wrap Around claims: Fax to LCA at 269-373-5362	Unsure who to bill? Call LCA at 269-373-5213